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- STATE

ARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

IENE	REG. NO.	79-	06	92	9
20. DATE	OF DEATH MONTH	DAY	YEAR	26. HOL	JR
	March	20,	79	11:	284
6. AGE	IN YEARS LAST BIRTHDAY	IF UNDE	RIYEAR	IF UNDER	24 HRS
77	YRS	MONTHS	DAYS	HOURS	MIN
9. BALTI	MORE CITY OR COUN	TY OF DE	ATH		
	Charles	Cour	nty		ME
12a USU	AL OCCUPATION	12b.	KINDO	F BUSIN	ESS OR

INDUSTRY.

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APPROXIMATE INTERVAL

NO [

STATE

CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST TYPE OR PRINTI Melvin Jarrett Alvey 4 RACE 3. SEX 1902 male Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED MEVER MARRIED laruland DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 2a USUAL OCCUPATION Physicians Memorial Hospita (JYRE OF WORK FOR MOST OF WORKING LIFE) La Plata tarmer ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION La Plata 13e. STREET ADDRESS 136 INSIDE CITY LIMITS? Box 166 (harles laruland NO X YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Fanny ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YESANO OR UNKNOWN) Mary H. Alvey-Rt. 3, Box 166 La Plata, MDZ I (IF YES, GIVE WAR OR DATES) 577-07-4975 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY avreol-IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICATI 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aux) opinian death occurred an the date and hour and from the causes stated DEGREE 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

22c DATESIGNED

COUNTY

G. Shankar Rath M.D.

23c. NAME OF CEMETERY OR CREMATORY

Waldorf, Maryland

Charles Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

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236. DATE 230. BURIAL, CREMATION, REMOVAL

Trinity Memorial Carden

Waldorf.

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e	A Sugar, An	13/11-01-11-11		

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completely filled in by the s 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

within 24 hours afte

requires that the death certificate be

ATTENDING PHYSICIAN. The low

TO HOSPITAL

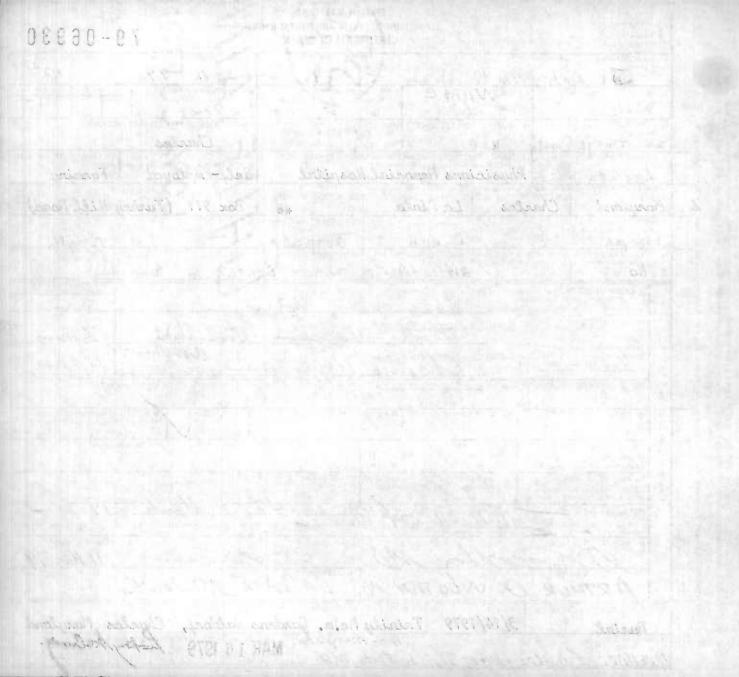
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DHMH - 16 50M 7/77 (VR A 15 (4))

FUNSEAL HOME

retained by the haspital or attending physicion.

	1			STATE	OF MARYLAND				
	1.	FOR STATE	DEPARTM		EALTH AND MENTAL HYG	IENE	7	0 00	020
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	. 1	9 - 06	930
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	3. SE.	x V	1 RACE White	S. DATE O		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
		male	2 (au-	MONIH	S 06	72	YRS.	ONTHS DAYS	HOURS MIN
9	70 BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	7 0=1
5	180	+. mary's Count	NSA	WIDOWE	_	Charle	25		MD
pa	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATIO	N	126. KIND O	F BUSINESS OR
die la	-	La Plata Ma.	Physicians Memo.	rial 1	Hospital	Sell-Employ	WORKING LIFE	INDUSTRY Farm	ina
pe	USU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)				1 05 015	- Contract of the contract of
121	m	aruland Cha	rles La Plat		13d. INSIDE CITY LIMITS? YES NO	Box 911	Tunbo	y Hill	Road
Je		ATHER'S NAME	10000		15 MOTHER'S MAIDEN NAM		Twace	y run	1 wait
Kam	1		MIDOLE R LAST		FIRST	MIDDLE		LAS	**
9		NAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRES	S	Kn	SIT.
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9		IMMEDIA	TE CAUSE (0) KOZY	2004	to call	anse		1	~
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or of		ondenying coose lost.	(ic) CMM	me	17 parter	2		100	y was
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<u>-</u>	CERTIFICATION						/		
s on	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
how	E					YES NO	YES		NO 🗆
8 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PA	RT 1 OR PART 2)	
Hem	S S	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				100	
0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM. ETC.)	211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
rked	^	AT WORK AT WORK			1-	11	/		
S THO	150	220 I certify that (1) (this hosp	mall offended the deceased from	CL	Mrs 194/	_, to_Mar	ch , 1	9 17.	that (I) lost
21		saw the deceased alive on above, (1) ((did) (did)	of view the body ofter death	, on	d that in (my) ppinion of	death occurred on the dat	e ond hour	and from the	couses stoted
Hem		22b. SIGNATURE	. 1		DEGREE		-144	22c. DATE	SIGNED
#		- Ilm	water 1	111)	ATTENDING PHYSICIAN	DIRECTOR PHYSICI		11/1	an 79
AA	1	274 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	100		-	
MPORTA	13	HRTHUR	O. NEO DD.	Y. MO	LAYLAT	A. ND 20	16 ×6	,	
₹	23o E	BURIAL, CREMATION, REMOVAL	. 236. DATE 23(N	IAME OF CI	EMETERY OR CREMATORY	23d. LOCATION		(40)	
- 10	(Bunial	1 2/11/11/20 00	initu	Me.m. Garden	s Waldorl	Charle	es Ma	ryland
77	24 FI	UNERAL DIRECTOR	2	11/5/	nary SAL 250 PAT	REC'D BY REGISTRAR 2	100	AR'S CN	URE A
,	n	NAME			MAI	1 6 19/9	hope	7/100	many.



BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

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	1.	FOR STATE REGISTRAR		DEPAR		CATE OF DEATH	YGIENE REG. N	7	9-06	931
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	Geo	rge	E.	Bur	ns	March 9,	1979		2:35A M
1	3. SE	*Male	1 RACE	RA	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
30	70 B	IRTHPLACE ISTATE OR FOREIGN	TV CITIZENI OF	WHAT COUNTR	MPK	12 15, 1891	9. BALTIMORE CITY	YRS.	OF DEATH	
150	4.9	ASHING TON De C	11.5	, A.	MARRIED	NEVER MARRIED	61 1		OF DEATH	MD.
10	10. C	ITY OR TOWN OF DEATH aPlata	Physic	HOSPITAL, NURS CHEACILITY, GIVE STRI LIANS MET	ING HOME O	ROTHER INSTITUTION Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE		F BUSINESS OR
30	USU. 130. S	AL RESIDENCE (IF NURSING HOME) STATE 13h CC	OR OTHER INSTITUTION	130 CITY OR TO	ORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Million &		
18	14 FA	ATHER'S NAME FIRST LINKNOW	MIDDLE	LAST	4	15 MOTHER'S MAIDEN N	MIDDLE	J	BERR	y
1	16a. V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-14-	2568A	SYLVIA M.	BUTLER ADDR	JAN JE	30C MOY	MD,200
	CERTIFICATION	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, C DUE TO, C DUE TO, C DUE TO, C (c)	OR AS A CONSECUTATION OF AS A CONSECUTATION OF AS A CONSECUTATION OF THE PROPERTY OF THE PROPE	OUENCE OF SALCO	n sim.	entine he	IDITION GIVE	EN IN PART 1(o	IGS USED
7	F						YES O NOO		YING CAUSES	OF DEATH?
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRED)	DEATH HOUR A	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCL	IRRED (ENTER NATURE OF INJU			
	MEC	WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY PREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 22b. SIGN ATURE	on	79 19	, on	, 19 d that in (my) (our) opinio EGREE ATTENDING PHYSICIAN	n death accurred on the d MEDICAL STA DIRECTOR PHYSIC	.FF		
111		224. PHYSICIAN'S NAME (TY				22e ADDRESS			With the second	
		Ignacio T.	Garcia,		no all	LaPlata,				
	(BURIAL CREMATION, REMOV SPECIFY) BURIAL UNERAL DIRECTOR FA	AL 23b. DATE	13,1979 1	MT. A	OPE BAPTI	ST IRONSID	ES, C	COUNTY HARLES	STATE
		NAME	N THORN	ME PAL	K-Route	1-BOX 15 250 P	AR 16 1979	ting	- /xal	Elect !

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06934 70 -

DECEASED NAME	1337
Male Black March 17, 1979 WARRIED RAPPICE R	26 HOUR 1:10A
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 MORE OF WORK FOR MOST OF WORKING (HE) 170 MINING 170	R IF UNDER 24 HR
LA Plata IF ALTHER STATE INDUSTRICE (IF NURSANG PROME OR CHER INSTITUTION, OWE RESIDENCE REFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 13d. STREET A	
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WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ON OR LINKNOWN) IT INFORMANT ADDRESS IT IS CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (I) DATE OF OPERATION 186. DATE OF OPERATION 186. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTEY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE, FARM, ETC.) 217. INDUSTRIBUTION STREET 218. INDUSTRIBUTION COUNTY 219. INDUSTRIBUTION COUNTY 210. ACCIDENT WAS UNDERLYING 216. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE, FARM, ETC.) 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INDUSTRIBUTION 216. INJURY OCCURRED 217. INDUSTRIBUTION 218. INJURY OCCURRED 218. INDUSTRIBUTION 219. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 210. INJURY OCCURRED 211. INJURY OCCURRED 212. INJURY OCCURRED 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY OCCURRED 210. INJURY OCCURRED 210. INJURY OCCURRED 2118. INJURY OCCURRED 21	
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22a I certify that (I) (this hospital) attended the deceased from	
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	3/21/7
Maria L. Tan Gatue del Rosario, M.D. La Plata, Maryland	
30. BURIAL, CREMATION, REMOVAL TAL DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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			CEASED NAM	E FIRST		WIDDLE		LAST		2a DAT	E KNOWN	HINOM (X	DAY	YEAR	h HOUR
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DIVISION OF VITAL RECORDS,	THIS CERTIFIC WRITING TH WARDED TO PAGE 3 SHOI TATE DEPART (201 PRIOR TO	MEDIC	21d INJURY C		21e. PLA	P.M. ACE OF INJURY I, FACTORY, FARM, E		21f. LOCATION STREET	1	CITY OR	TOWN	со	UNTY		STATE
	INER: ICATE, FOR TOR: THE S ND, 21		220. I certif	fy that I taak charge ed fram: Natura	af the remain	s described aba	ve, held an	Autapsy X	, Inspection [, Inqui		and in my ap	inian		
	NE CERT HE CERT HOULD NI DIRE HI, WITH, WITH, WITH,		ACTUAL SIGNATURE	H	JUL	aw			E(SPECIFY)	_MEDICAL EX		DATE SIGNE	3/	6/79	
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFIER DEATH WITH BALTIMORE, MARYLA		EXAMINER'S (TYPE OR PRIN	NAME Horm	ez R.	Guard,	MD.	ADDRES		nn Str					
100	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. Bl	JRIAL CREMA		DA/E / 1			ETERY OR CREM		23d. LOCATION		0.6.0	ond	STATI	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. FU	MERAL DIRECT	TOR (000. (1)	dim	DRESS (Pull	n O Wal	250. DATE REC	3 1970	RAR 25b. RE	GISTRAR'S S	IGNATUR	E	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9-06938
		CEASED NAME FIRST Danie	L Webster	Lawson	March 4, 1	979 25 HOUR 11:07A _M
	3. SE	MALE	NEGRO	S DATE OF BIRTH SEP 7, 22, 1898	6. AGE (IN YEARS LAST BIRTHOAY) YRS	FUNGER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
33	70. BI	PRYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Charles	Y OF DEATH MD.
2	10 CI	ITY OR TOWN OF DEATH LaPlata	Physicians Memo	NG HOME OR OTHER INSTITUTION TADDRESSL ORIGINAL Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
3.5	130. 5	STATE MD. 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO X	ROUTE 6- B	60×98A
280		STEVEN	MIDDLE LAST S	SON A TLIM	VE MIDDLE WA	SHINGTON
e medico		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTION (164 SOCIAL SECTION) 2/2-14-	2557 CELESTINE	LAWSON BON	Gray Road
event, th		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), of ED BY: ATE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	tremé		15 day
r other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSERU	sence dece	elitus ules	er 6 mos
o 'kınlını' o	NOI	PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	eletes m	ellettes
ous out	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NOW Y	FYING CAUSES OF DEATH?
tem 18 s	EDICAL CE	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
rkedor	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive a	pital) attended the deceased from	79, ond that in (my) (our) opinion	death occurred on the date and ha	19, that (I) (we) lost ur and from the causes stated
T. Hen		Jan land	Antihett	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF A DIRECTOR PHYSICIAN	226. DATE SIGNED
MPORTANI 1		Paul E. Prit	chett, M.D.	220. ADDRESS	ca At la Pla	ata, 1420686
≥	23a	BURIAL, CREMATION, REMOVA	L 23b. 9415 R. 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR/EON THORNTON ADD NAME THORNTON FUNERAL HOME B. Route 1-BOX115 250. DATE RECP.

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12//		Items ;	#18a-22a	Film 6	530 LAT	9/79STAT		ARYLAN		YGIENE								
70	11-	STATE REGISTRAR			MEDICAL	EXAMIN				F DEA		REG. NO.	79-	0693	9			
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PECTON PE	3. SEX		4. RACE	5 DATE OF	BIRTH DAY YEAR	6. AGE (IN YEA			IF UNDER		C. DATE		MONTH	DAY YEAR	8:55			
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TON ST. 1 24 HC 1 ITEM 1 ALONG T PERMIT YGIENE,		424	IMMEDI	ATE CAUSE (o)	O, OR AS A CO			or co	7110 01 .	TCOTA	e ber.T	Caron	012					
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TED WITHIN PENCIL IN YAMINEN ALTRANSI MENTAL HY			ise to immedio		O, OR AS A COI	NSEQUENCE C)F				- \							
S, 301 W. PRESECUTED WITH SY IN PENCIL II AL EXAMINER BURIAL:TRANS NUM MENTAL IND NUM, OR REMOV		lying cas			o, on no n co.	102 4021102	44.6											
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI STITING THE WORD "PENDING" IN PENCIL IN TEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG R. 3 SHOULD BE USED AS A BURIALTRANSIT PERMIT PERPARTMENT OF HALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	PART 2 OTHER S	IGNIFICANT CONDITION	(c)	OEATH BUT NOT REL	ATEO TO THE TERM	NAL DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 (a).								
RECORDS UID BE EXENDING FF MEDICA FF AS A FE HEALTH AI CREMATIO	NO	150																
HOULD NO "PER NO "PER NO "SED NO SED	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	19b. C	ONDITION FOR	WHICH OPER	ATION WA	S PERFOR	MED?	W. N.				20. AUTOPSY?				
OF VITAL R THE SHOUL WORD "P THE CHIEF ID BE USE NENT OF HI BURIAL, CR	E		210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR								YES 😿	NO 🗌						
CERTIFICATE SITING THE WORD TO THE CASHOLID BE DEPARTMENT PRIOR TO BURLL	B	UNDERLYING			IME OF INJURY JR A.M. MONTH	DAY YEAR		W INJURY	OCCURRE	ED (ENTERN	ATURE OF INJURY	Y IN ITEM 18 PAI	RT I OR PART	1 OR PART 2)				
STHE TO TO THE TO	CA	CONTRIBUTI	ING CAUSE O		P.M.	19	21f. LOC	ATION										
DIVISIO HIS CERTII WRITING ARDED T GE 3 SHO (TE DEPAI	MED	WHILE	NOT WHILE AT WORK		EET, FACTORY, FARM,			REET			CITY OR TOWN		COU	NTY	STATE			
E: THIS (E, WRII) ORWARD STATE	133	AT WORK	AT WORK									7	-30					
E E E E E		22a. I cert	ify that I took cho		7	ove, held an	Autops	X,	Inspection		Inquiry L		in my opi	nion				
MAIN THE THAN THAN		deoth result	ted fran: Na	perol couses	Accident	Su Su	icide	Hamio		Undete	rmined monr	ner,						
CAL EXAMINE: THE CERTIFICA SHOULD BE FG SHOULD BE FG RAL DIRECTOR RE, MARYLAND		ACTUAL	1 11.	ALAK.	1 Jan	VI D	>	Dept	PECIFY)	hief	CAL EXAMIN		DATE	3/29/7	19			
CAL THE SHC EATH RE, /		SIGNATURE	11	De la	1) NA	NA.	M.	D	7	MEDI	CALEXAMIN	IER	SIGNED					
TO MEDICAL EXAMINEXECUTE THE CERTIFIC PAGE 4 SHOULD BE ATTE DEATH, WITH THE DE		EXAMINER'S	NAME Tho	mas D.	Smith,	M.D.		DDRESS_			111 H	Penn S	tree	t				
TO A EXEC PAGE TO F AFTE BALT		URIAL, CREMA	ATION, REMOVAL			NAME OF CEA	AETERY OF	CREMATO	ORY	23d. LO	CATION		COUN	TY STA	TE			
8P		Burial		3/31/	79 N	leadow	ridg	e Ce			nne A	runde	97,	County	Md.			
DHMH - 17		UNERAL DIRE		1	ADDRESS						REGISTRAR	25b. REGIS	TRAR'S-51	GNATURE				
(VR A15 ME (5)) 15M 7/76	W	illia	m E. Jo	nnson	8521 1	Joch R	aven	Bd.	MAI	K30.	19/9	pio	Frey!	neinoly				

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00010

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	. 19-	- 0 0	340
		CEASED NAME FIRST OR PRINT)	A	AIDOLE	L	AST	20. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR
	(11172	Nettie		√nn	Mo	Ntgomeni		3/7/	179	8 35 AM
	3 SEX		4 RACE		5. DATE C	F BIRTA	& AGE IN YEARS LAST BIRT	HDAY) IFON	DER I YEAR	IF UNOER 24 HRS HOURS MIN.
		Female	whi;	+ <	10	4 1888	90	YRS.	15 DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
1		Maryland	45	A	WIDOWE		Charles	Coun	1-4	MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN			120 USUAL OCCUPATION		LE KIND OF	F BUSINESS OR
0	La	PhatA	Chark	es Coun	14/	Dursing Home	Seamstre			thing
1	USU A	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,			13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
0	Ma	ryland Cha	rles	Waldo	rf	YES NO X	Rt.#1 Bc	x 250		
0	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	E MIDDLE		LAST	
8		Alexander		ontgome	ry	Lillia		0'Br	ien	
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	RT T	Box	225	
	N			217-36-	-7976	Ruth Ondre	jeak, Wald	lorf. M	arvl	and
		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE		line far io), ib), and	dic i	- '/			BETWEEN O	MATE INTERVAL DISET AND DEATH
			E CAUSE (0)	400	irt	+ aller				
4		4409	DUE TO, OF	R AS A CONSEQUE	NCE OF	,				
		Conditions, if ony, which	(1b)	Arten	005	clerusus		11		
		couse (0, stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF					
	Sh.	underlying couse last	(c)	1491	ng .					
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	NTRIBUT NG TO E	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	V PART 110) !
_	CERTIFICATION	19a DATE OF OPERATION	TION CONDI	TION FOR WHICH	OBERATIO	N WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WE	DE CINIDIN	ICE HEED
)	FICA	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING		OF DEATH?
2	ERTI	710. ACCIDENT WAS UNDERLYING	7 21b, TIME OI	E INTUIDY		21c. HOW INJURY OCCURRE	YES NO	YES _	00.0.07.07	NO 🗆
		OR CONTRIBUTING CAUSE OF DEA	LICIUS A I	M. MONTH DA	YEAR	210. HOW HAJORT OCCORRE	D (ENIER NATURE OF INJUR	TIN HEM IB, PART I	JRPART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A 21e. PLACE (19	211. LOCATION				
	ME	WHILE NOT WHILE I		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOW	in C	OUNTY	STATE
		220.1 certify that (I) (this hospi	tal) attended the	documend from	Jan.	10 77	March	7 10	79	that (I) (we) last
		saw the deceased olive on	March	7 19	70	d that in (my) (our) apinion de	, , , ,	, , ,		
		obove, (1) (we) (did) (did no 22b, SIGNATURE	t) view the body	ofter death.	1	DEGREE			22c. DATE S	SIGNED
		Cheman.	Y. Az	sand	-6. N	1.17. ATTENDING PHYSICIAN	MEDICAL STAF	F	317	7/79
		224 PHYSICIAN'S NAME ITYPE O	RPRINT)			22e ADDRESS	DIRECTOR PHISIC	/		1-1-1-
		GHASSAN	Y. ALi	TANABI		5406 Jem	inary Rd	. A-lex	and	nia Va.

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cem.

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If he

230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR
Huntt Funeral Home, Walderf, Maryland

3-10-79

23b. DATE

Bryantown, Charles, Md.

cell Concessor Carcuster Constant The Carlotte of the Control of the Control ta Elete Thysician Marorial Continue Constitution Into But we think Maryland Prince George Brandyring Mary obwing ____ bfellerove ___ entral_ arm! CL as come northelpts is root this of the Archer L. Mooddy A.D. Line Place, 18, 20546 thereing the telegraph water to the telegraph and the start and

0		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH			7 5. NO.	9-01	6941	2
6	7	The Country of the man and the control of the co	CEASED NAME OR PRINT)	ALICE		MIDDLE LAST LUTICE SHEGOGUE				MARCH	1979	YEAR 26 HOURC		
	y	3 SE	FEMALE	4.	RACE Cau	u.	5. DATE O		AR 5 6	AGE IN YEARS LAST	BIRTHDAY)		EAR IF UNDE	R 24 HR5
leath Po	in 72 hou at once.		RTHPLACE ISTATE OR OUNDED	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8 MARRIED WIDOWE	NEVER MARRIE	DU	BALTIMORE CIT CHAR		NTY OF DEATH		MD.
201	filed with		A PLATA	ATH II		HOSPITAL, NURSI H FACILITY, GIVE STREE ANS MEMO		ROTHER INSTITUTIO		USUAL OCCUPYPE OF WORK FOR MO	ST OF WORKIN	GLIFE) INDUST	DOF BUSIN	
AND 212	hould be	130.5	ud	13b COUNTY		130 EITY OR JON		13d. INSIDE CITY LIM	9	SPEET ADDRE	ss ha	me.		16
MARY!	d 2 a	HT FA	Maurice	AID	DLE	Earle		15 MOTHER'S MAID FIRST Lulu	DEN NAME	WIODE		Mur		
TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 The low requires that the death certificate be executed within 24 haurs after decision. The has been signed by the attending physicion and completely filled in by the function is the permit. Then please remove corbon papers. Pages I and 2 should be filed within gittene prior to burial, cremotion, or removal. Shows any injury, or other traumotic event, the medical examiner must be notified at the control of	Poges 1		VAS DECEASED EVE YES, NO OR UNKNOWN)	HE YES, GIVE W		220-34		Earle H	. Sh			Box 2		a
		18 CAUSE OF DEA PART I. DEATH V Conditions, if any gove rise to im couse (a), stat	MAS CAUSED I IMMEDIATE (), which imediate ing the	DUE TO, OI		DENCE OF	Cell	oll —1	deoscul	arac	evalt 1	ROXIMATE INTEREN ONSET AND		
201 es the	letached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hours are Dept. at Health and Mental Hygiene prior to burial, cremation, or remaval. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.	NOI	PART 2 OTHER SIG	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	((c) NDITIONS <u>CC</u>	My RN	DEATH BUT	Lands NOT RELATED TO TH		AL DISEASE OR C			(10)	
AL RECO	thermit sene prior ows any	TIFICAT	19a DATE OF OPER	NOITA	196 CONDI	TION FOR WHICH	H OPERATION	WAS PERFORMED		200 AUTOPSY?	IN CE	YES, WERE FIN RTIFYING CAU YES	DINGS USE SES OF DEA NO [TH?
SICIAN: T	ental Hyg		210. ACCIDENT WAS UP OR CONTRIBUTING [] {IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	21b. TIME O HOUR A./ P./	M. MONTH	DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF	INJURY IN STEM	18, PART I OR PART	2)	
NG PHY	os the bu	MED	WHILE AT WORK AT W	VHILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	- 4	CITY OR	NWOT	COUNTY	S	STATE
Spital or	AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death the hospital or attending physician. ALD INECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral letached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filed within 72 is the Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. To them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examiner must be notified at onc.		22a. I certify that (sow the decea above, (i) (year)	sed alive on.	31 11	dr 19"	79 on	d that in (my) (aux) o	ppinion deo	th occurred on th	e dote and	hour and from	, that (I) the couses st	
ral OR X	detached late Dept VT: If them	MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	22b. SIGNATU	w	vde	dy	MÖ	EGREE ATTEND PHYSIC	DING DIAN	MEDICAL SIRECTOR PHY	STAFF YSICIAN [31	Mar SIGNED	79.
SP	TAL		THE PHYSIGIAN'S N	IAME (TYPE OR PR	RINT)			22e. ADDRESS	7					

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

ADDRESS Huntt Funeral Home Waldorf Maryland

ARTHUR O WOODDY, M.D.

236. DATE

4-3-79

23c. NAME OF CEMETERY OR CREMATORY St. Barnabas Cem.

23d LOCATION CITY OR TOWN Oxon Hill

COUNTY

LA PLATA, MARYLAND 20646

STATE

250. DATE REC'D. BY REGISTRAP 250. REGISTRAP S. S. I APR 9

79-06942 LA PLATA - PHYSTOLANG HOMOGRAD HOSPINAL CTOY 1201117 100 with the action eas more now mptut with memoran . It after 28 de 28 de 20 mente Title: 4-1-10 St. Parmines Sem. Cxop Titl File Come Present Fone Lettery, Horytand APRS 1979 FOR

- STATE

STATE OF MARYLAND

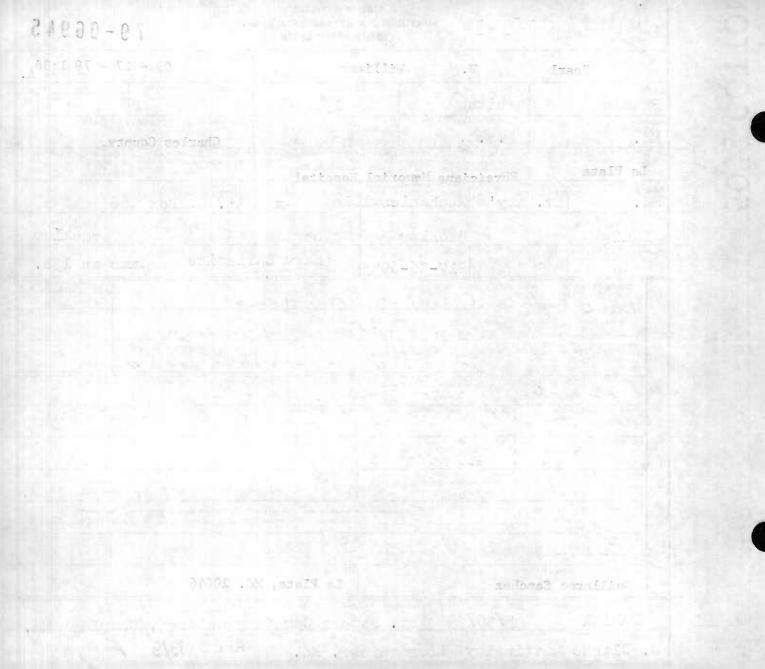
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	I	tems 5,6 g530 l	+/4/79 g.	j	STATE	OF MARYLAND				
AX	1.	FOR STATE		DEPAR		CATE OF DEAT			79-06	944
	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE		ST TE		REG. NO.	TH DAY YEAR	2b HOUR
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may r, pag	3 SE	4	4 RACE		S. DATE O	F BIRTH	006 6 AGE 1	IN YEARS LAST BIRTHDAY	IF UNDER 1 YE	AR IF UNDER 74 HRS
oge 4		tem	B	IACK	4	14 +	909 72	7/	YRS	
once.	/a. Bi	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTR	MARRIED	NEVER MARRI	ED U	01 0	OUNTY OF DEATH	
5 - b	10 C	TARIES Count	11. NAME OF	HOSPITAL, NURS	WIDOWE	DIVORCE OTHER INSTITUTION	ON 12a USU	<u>Charles</u>	12h KtNI	MD. D OF BUSINESS OR
5 10 10	4.	PLATA	CHAR	H FACILITY, GIVE STRE	EET AOORESS)	NERS. H	Omes Don	vork for most of wol restic	RKING LIFE) INDUSTI	Pr Domestic
AND 2120 n 24 hau s filled in py hould be fill	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION	113 CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIA		ET ADDRESS		
LAND:		TARY And Cha	Rles	Bel Alt	on	YES NO.		x 53 Be	l Alton,	MD.
MARYI ampletel and 2 s	14 F2	Frank	MIDDLE	Tordon		15 MOTHER'S MAIL	DEN NAME	WIODIE	2	LAST
m 3 0 0		VAS DECEASED EVER IN U.S. A		16b SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	Day.	
ALTIMOR te be executed and ond sers. Pages of.	2	(ES, NO OR UNKNOWN) I IF YES, GI	VE WAR OR DATES)	218-16	-3090D	Helen E.	Turner-B	ox 53 Be	l Alton, i	MD. 20611
BALT cote by sector oppers wal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line for (a), (b),	and ig	4	- 1.	An		OXIMATE INTERVAL EN ONSET AND DEATH
ertific ertific oanp remo			ATE CAUSE (a)		rine	unals	i nec	y desa	200	20yr.
PRESTON he death or emave cort mattan, ar r traumatic		Conditions, if any, which	DUE TO, O	R AS A CONSEC	OF ICE OF	ulms	nous	olen		
PRE:		gave rise to immediate cause 101, stating the	(b)_	R AS A CONSEC	NIENICE OF		1			
that that a laby the ease of, cre		underlying cause last	(10,0	N AS A CONSEC	OCINCE OF	100			CALL THE	
uires th	z	PART 2 OTHER SIGNIFICANT	7	ONTRIBUTING TO	O DE ATH BUT	NOT RELATED TO TH	HE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART	1(0
RECORDS	CERTIFICATION	190 DATE OF OPERATION	IN COND	ITION FOR WHIC	CH OPERATION	WAS PERFORMED	20g A	UTOPSY? 208	. IF YES, WERE FIN	DINGS USED
- e e e e e	TIFIC						YES	IN	CERTIFYING CAUS	
VIT N: N: nysic cot rons Hyg 18 sl		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2	2)
DIVISION OF NG PHYSICIA of the this certification of the burial-th on the and Mental	DICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINE	P. P.	M,	19	211 LOCATION				
VISION S PHY otherdule Per this the bu and M ked or	MEC	WHILE IN NOT WHILE IN	21e PLACE (AT HOME, STI	REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
DING or o or o or o or o or o or o or o or		220.1 certify that (I) (this has	oital) attended th	e deceased from	n	, 19.	, to	3-12	19.79	_, that (I) (we) last
ATTEN aspitol ECTOR d for u 1. of Ho		saw the deceased alive a above, (1) (we) (did) (did)s	n 3 -/		79. on	d that in (my) (our)	opinion death acci	urred on the date o		
OR A DIREC Oched Dept.		22b. SIGNATURE	0.		C	EGREE ATTEN	DING MEDIC	AL STAFF	22c. DA	ATE SIGNED
IIT ALL by 11 State det state		22d. PHYSICIAN'S NAME TYPE	OPPONIT	Con		PHYSIC ADDRESS	CIAN DIRECT	OR PHYSICIAN		1-11
HOSI ined ord b		F.M.	JOHN	SON	MD	L	a Pla	ta /	nd	
of of shoot will write	23a E	JURIAL, CREMATION, REMOVA			c. NAME OF CE	METERY OR CREMA	ATORY 23d. LC	CATION	COUNTY	CTAYC
BP		Burial	3-16-	1979 S	t. Jane	rtius Cem	C	apel Poi	nt Charle	es Marylan
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	INERAL DIRECTOR PART T			c. fal	Plata, MI	MAR 16	1070 Z	CORNERS SEN	Kindle
(10.010(0))	U	ehart tunesel	Kym, &	ne. Zal	Thata	me.		1013	, /	1

enter 15-1777 in the contract of the contract

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TO STATE OF ESTI-FIRST DECEASED NAME 7b. HOUR (TYPE OR PRINT) DEATH MATED Hallev Wright Thomas 6. AGE (IN YEARS IF UNDER 2d HOUR IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS 12:53E PRONOLINCED Male White July 12, 1899 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED AND NEVER MARRIED FOREIGN COUNTRY) DIVORCED [Marulana Charles County HOSPITAL NURSING HOME, OR OTHER INSTITUTION Physicians Memorial Hospital La Plata USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13g STATE 113b. COUNTY 13e. STREET ADDRESS Marulana 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Margaret 1 homas Brown Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Calvin E. Wright-Box 82 Nanjemoy. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of neck (RIFLE) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL self inflicted CONTRIBUTING CAUSE OF DEATH ? XX 6 1979 21e. PLACE OF INJURY (AT HOME. 21F LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Box 825 Baptist Church Rd, Manjemoy, CHarles, MD home Autopsy X Inspection 220. I certify that I taak charge of the remains described above, held an Suicide X Homicide Undetermined manner death resulted from: TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, BALTIMORE, MA M.D. Assistant MEDICAL EXAMINER 3/7/79 SIGNATURE EXAMINER'S NAME 111 Penn St. Balto., MD. Virginia L. Dolan, M. D. D. DENESS TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland BP DHMH - 17 (VR A15 ME (5)) Arehart Funeral Home, Inc. La Plata, Maryland 15M 7/76

Personal Section 150 section 1 to the first the section of the sec

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Austril 3-1-1977 Habitata Caller, James Caller Caller

The Kenty Lands of the Control of th

Especial interest the second second assessed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after death

medical examine

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the shauld be detached for use as the burial-transit permit. Then please remave carbanpa with the State Dept. af Health and Mental Hygiene priar ta burial, cremation, ar remay

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTII	FICATE OF D	EATH	79-06941						
1 DECEASED NAME FIRST		MIDDLE	760	LAST		20. DATE OF DEATH		DAY YEAR	2b HOU	R
TILLI	anno.		WR	I GHT		March 8,	1979		10:10	SPM
3 SEX	4. RACE			OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER	24 HRS
Female	White	2	MONT	H DAY	10	68	YRS.	MONTHS DAYS	HOURS	MIN
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- C NEVERA		9 BALTIMORE CITY		OF DEATH		
WASHINGTON. D.C	II.S	Λ	WIDOW	ED NEVERA	ORCED	CE	ARLES			MD
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME		ITUTION	120 USUAL OCCUPA	ATION	12b. KIND C	F BUSINE	
LaPlata	DHVCT	CH FACILITY, GIVE STREET A	DTAI	HOSPIT	A I	housewif		E) INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE				13e STREET ADDRES				
	harles	Indian		YES X	NO T	17 Delt				
14 FATHER'S NAME			New CIT	15 MOTHER'S	MAIDEN NA	AME				
HARRIS	WIDDIE	USHINSKY		SC	PHIE	WIDDLE		ZECHEL	SKY	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUP	RITY NO.	17 INFORMA	NT	STARADI	RTE. 3	BOX 15		
(YES, NO OR UNKNOWN) (IF YES, C	EIVE WAR OR DATES)	577-26-4	4953	ROBERT	B. WI			A. MARY	LAND	,
18 CAUSE OF DEATH (Enter	only ane couse per								IMATE INTER	
PART I. DEATH WAS CAU		CUTE MYOC	APOT	AL THEAT	PCTTON			HOURS	3	
1110					COLLON				14/6	1 + 5
Conditions, if ony, which	(ib) A	THEROSCLE	ROTIO	C CORON	ARY HE	ART DISEAS	5	YEARS	S	
gave rise to immediate cause 101, stating the	DUE TO. O	R AS A CONSEQUE	NCE OF							
underlying couse lost	(c) C	HKONIC OR	STRUC	CLIVE P	ILMONA	RY DISEASE		YEARS	3	
PART 2 OTHER SIGNIFICAN HYPERTENSION							ONDITION GIV	EN IN PART 1	a)	et an
HYPERTENSION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDI		
TIE.						YES NO		S	NO [
210. ACCIDENT WAS UNDERLYING	110110 1	OF INJURY .M. MONTH DA	V YFAD	21c. HOW IN	JURY OCCUR	RRED (ENTER NATURE OF IT	JURY IN ITEM 18. P	ART 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF I	DEATH	.M.	19							
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED		OF INJURY	APAA FIC I	211 LOCATIO	N	CITY OR	TOWN	COUNTY	ST	TATE
WHILE NOT WHILE AT WORK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The control of the co								
220.1 certify that (I) (this has		he deceased fram _	May 9	9	. 19 77	to March	8	19 79	that (I) (we) last
sow the deceased ofive obave, (1) (we) (did) (did	not) view the body		7 , 0	nd that in (my)	(our) opinian	death accurred an the	date and hav	r and from the	causes sta	oted
226. SIGNATURE				DEGREE				22c. DATE		
Polle	WMM	w pur	3			MEDICAL S DIRECTOR PHY	SICIAN	March	191	979
22d. PHYSICIAN'S NAME (TYPE				22e ADDRES						
PETER YIM,	M. V.			7900 (JLV BRA	ANCH AVENUI	E, CLIN	TON, MI).	
23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23€. N	IAME OF	CEMETERY OR C	REMATORY	23d. LOCATION				

DHMH - 16 50M 1/76

(VR A 15 (4))

23d. LOCATION
CITY OF TOWN

STATE MD

1250 DATE REC'D. BY REGISTRAR 256. BESISTEAR'S STOCKED BY

2:TABV

March Strain

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SALLALESTO, THE AMELIERAND OFFICERATOR LINES OF

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